

2016 MINOR HOME  
REPAIR & PAINT PROGRAM APPLICATION

Please complete and deliver this application to the Housing Department, 5513 Abercorn Street or mail this application to Housing Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.

Applications received will be listed on the 2016 Database.

Name \_\_\_\_\_

House Address \_\_\_\_\_ ZIP \_\_\_\_\_ Neighborhood \_\_\_\_\_

Telephone # \_\_\_\_\_ (Cell #) \_\_\_\_\_ Number of years at Address above \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Is there a child 6 years of age or younger residing at this residence, OR that spends 10 hours or more per week at this residence? YES NO    Ages of Child (ren) \_\_\_\_\_

Repairs Desired: [ ] Roof [ ] Exterior Paint [ ] Other \_\_\_\_\_

Do you have a mortgage on home? [ ] Yes [ ] No    Mortgage Company \_\_\_\_\_

Is Your House [ ] One-Story [ ] Two-Story    Do you have a Metal Roof [ ] Yes [ ] No

Marital Status: [ ] Married [ ] Separated [ ] Unmarried, Widowed, Divorced    Birthdate: \_\_\_\_\_

Have you executed a power of attorney for someone to act on your behalf? [ ]NO [ ]Yes If yes, please provide submit a copy with your completed application.

List all persons, beginning with yourself, who live in your house; their age; their relationship to you; their gross annual income (employment or benefit income); the income source (i.e. employment, SS, SSI, pension; etc.); and their social security number. **Total Household Size** \_\_\_\_\_ **Active Military, Veteran or Spouse of Veteran** [ ] Yes [ ]No

_____	_____	<u>SELF</u>	\$ _____	_____	_____
<b>Applicant Name</b>	Age		Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #

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I the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”**
- Certify that all information reported in and submitted with this Application is true and correct. *The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application.*
- Authorize the Housing Department of the City of Savannah to verify this information, to include but not limited to obtaining and reviewing my/our credit report(s).
- Have read and understood the “General Information” section of this application that is listed on the next page.

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I hereby certify that I am: **(YOU MUST INITIAL ONE)**

\_\_\_\_\_ US Citizen /or/ \_\_\_\_\_ legal alien

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

Demographic Information Optional  
(Circle appropriate choices on each line)

Race: Black/White/American Indian/Asian/Other

Sex: Male/Female

Hispanic /non-Hispanic

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I hereby certify that I am: **(YOU MUST INITIAL ONE)**

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\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

Demographic Information Optional  
(Circle appropriate choices on each line)

Race: Black/White/American Indian/Asian/Other

Sex: Male/Female

Hispanic /non-Hispanic

DON'T FORGET TO . . .

- Attach a copy of your deed showing that you own or are purchasing the house
  - Attach a copy of current income: (2) recent paycheck stubs, SSI and/or SSA income verification letter, Pension checks or letter, and all income for all household members
  - Attach a current copy of Paid 2015 City & County Taxes Receipts
  - Current Mortgage Statement (if applicable)
  - Attach a copy of Picture Identification of applicant &/or co-applicant
  - Sign and return the attached Notification Letter indicating receipt of the pamphlet entitled **“Protect Your Family from Lead in Your Home”**
- Failure to provide this information can result in application processing delay and/or denial!!!



2016 MINOR HOME REPAIR & PAINT PROGRAM  
General Information

1. Homeowner household income must be at or below limits shown in table below. Household refers to the number of persons living in the house.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900	\$60,850	\$64,750

As of March 6, 2015

2. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
3. House must be safe and manageable for volunteers to work on. Volunteer organizations are responsible for selecting houses from a pool of program applicants.
4. Repairs are generally limited to basic home improvements and painting that can be accomplished by unskilled and semi-skilled volunteers. Not all of the improvements desired by the homeowner may be able to be accomplished.
5. Homeowners must release volunteer organizations and the City of Savannah from any and all liability associated with work performed on the house.
6. Priority will be given to houses located in the following neighborhoods:
- |                         |               |                  |
|-------------------------|---------------|------------------|
| Benjamin Van Clark Park | Cann Park     | Carver Heights   |
| Cuyler/Brownsville      | East Savannah | Eastside         |
| Feiler Park             | Hudson Hill   | Jackson Park     |
| Live Oak                | Metropolitan  | Ogeecheeton      |
| Twickenham              | West Savannah | Woodville/Bartow |
7. Priority will also be given to the elderly, disabled and first time participants.
8. Priority will be given to exterior improvements although some interior improvements may be possible.
9. Volunteer groups estimate they will be able to make repairs to about **100 houses**.
10. Completing the application does not guarantee that an application will be approved and a house selected. Applications will be reviewed on a first-submitted first-reviewed basis. Applicants will be required to submit proof of household income, proof of ownership, and evidence that City and County taxes have been paid.
11. Homeowners will be notified by the Housing Department whether or not their house has been selected by a volunteer group. They will also be notified of any improvements that would have to be made to the house in order for the volunteers to make their improvements. Some advance work may have to be performed on the house by a professional contractor(s) hired by the homeowner in order to get the house into a condition that permits the volunteers to perform their work. The Housing Department may be able to help finance some of this work.

Thank you for showing interest in the  
**2016 MINOR HOME REPAIR & PAINTING PROGRAM**  
City of Savannah Bureau of Public Development  
Department of Housing  
Construction Services Division  
5513 Abercorn Street  
Savannah, Georgia  
912-651-6517  
**912-351-3535 or (912) 525-1756** FAX  
[www.savannahga.gov](http://www.savannahga.gov)

To: Owners, Tenants & Purchasers  
Of Housing Constructed **before 1978**

# Notification

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## Protect Your Family from Lead in Your Home

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If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, “**Protect Your Family from Lead in Your Home**”.

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Date

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Print Full Name of Homeowner

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Signature of Homeowner